| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 10 | 1-23-00 |
| FORMALITY REVIEW | T2 | SC947 | |
| RESPONSE FORMALITY REVIEW | | | 02/05/01 |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | ............................ Rejected | N | ............................ Non-elected |
| = | ............................ Allowed | I | ............................ Interference |
| — | (Through numeral)... Canceled | A | ............................ Appeal |
| ÷ | ............................ Restricted | 0 | ............................ Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY